

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	THERAPEUTIC USES OF $\beta$ -CASEIN A <sup>2</sup> AND DIETARY SUPPLEMENT CONTAINING $\beta$ -CASEIN A <sup>2</sup>
Attorney Docket Number::	4501-1016
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JULIE  
Middle Name:: HAZEL  
Family Name:: CAMPBELL  
Name Suffix::  
City of Residence:: BROOKFIELD  
State or Province of QUEENSLAND  
Residence::  
Country of Residence:: AUSTRALIA  
Street of Mailing 181 SAVAGES ROAD  
Address::  
City of Mailing Address:: BROOKFIELD  
State or Province of Mailing Address:: QUEENSLAND  
Country of Mailing Address:: AUSTRALIA  
Postal or Zip Code of Mailing Address:: 4069

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: KRISTY  
Middle Name:: ANN  
Family Name:: TAILFORD  
Name Suffix::  
City of Residence:: CARSELDINE  
State or Province of QUEENSLAND  
Residence::  
Country of Residence:: AUSTRALIA  
Street of Mailing 15 DALWOOD STREET  
Address::  
City of Mailing Address:: CARSELDINE

State or Province of Mailing Address:: QUEENSLAND  
Country of Mailing Address:: AUSTRALIA  
Postal or Zip Code of Mailing Address:: 4034

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Deceased Inventor  
Given Name:: CORRAN  
Middle Name:: NORMAN STUART  
Family Name:: MCLACHLAN  
Name Suffix::  
City of Residence:: DEVONPORT  
State or Province of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 29 SUMMER STREET  
City of Mailing Address:: DEVONPORT  
State or Province of Mailing Address:: AUCKLAND  
Country of Mailing Address:: NEW ZEALAND  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Legal Representative  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ULRIKE  
Middle Name::  
Family Name:: MCLACHLAN  
Name Suffix::  
City of Residence:: DEVONPORT  
State or Province of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 29 SUMMER STREET

Address::

City of Mailing Address:: DEVONPORT

State or Province of Mailing Address:: AUCKLAND

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2003/000222	10/3/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	521955	10/4/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::